## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	HITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	5m	879	12-08-00
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

•	Rejected	N	Non-elected
=	Allowed	l	Interference
_	(Through numeral) Canceled	·A	Appeal
÷	Restricted	1 0	Objected

•		
Claim Date	Claim Date	Claim Date
Final C Original (-23-00)	Original	Final Original
	51	101
; 2	52	102
7311111111	53	103
4	54	104
75 1 1 1 1 1 1	55	105
64/	56	106
	57	107
8 1 1	58	108
9	59	109
10 //	60	110
11 1 1 1	61	111
(AB)(V/V)	62	112
713147	63	113
14	64	114
15	65	115
16	66	116
17 /	67 .	117
18 V V	68	118
40 W	69	119 /
20	70	120
21	71	121 / //
22	72	122 / / /
23	73	123 4 4 5 5 5 5 5 5
24	74	124 7 7
25 1	75	125
128 0/1	76	126
27	77	127
28	78	128
29	79	129
7 30 4 4	80	130
<b>A30V</b>	81	131
32	82	132
33	83	133
34	84	134
35	85	135
38	86	136
37	87	137
38	88	138
39	89	139
40	90	140
41	91	141 -
42	92	142
43	93	143
44	94	144
45	95	145
46	96	146
47	97	147
48	98	148
49	99	149
50	100	150

## lest Available Copy

If more than 150 claims or 10 actions staple additional sheet here